CHRISTIAN WACHTER, ET AL.

/ APPLIED FOR

**GKNG 1160 PUS** 

**COMPLETE IF KNOWN** 

PTO/SB/01 (03-01)
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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION (37 CFR 1 63)

Attorney Docket Number

**First Named Inventor** 

Application Number

(5. 5	,	Application (Vali					
Declaration	Filing Date	HEREWI	TH				
Submitted OR							
As a below named inventor, I he	reby declare that:	<del></del>		<del></del>			
My residence, mailing address, an	d citizenship are as state	d below next to my name	e.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
DIFFERENTIAL DRIVE WITH L	IGHTWEIGHT DIFFEREI	NTIAL CARRIER					
\	(Title of the	e Invention)					
the specification of which							
is attached hereto							
OR		<del></del> 1					
was filed on (MM/DD/YYYY)		as United Sta	ates Application I	Number or PCT International			
,	L						
<del>[</del>	<del></del>		<u></u>				
Application Number	and was an	mended on (MM/DD/YY)	™ <u>L</u>	(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as							
amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other							
than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the							
application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
102 34 035.8	Germany	07/26/2002					
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Additional foreign application	numbers are listed on a s	supplemental priority dat	a sheet PTO/SR	/02B attached hereto:			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

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## **DECLARATION** — Utility or D sign Patent Application

Direct all correspondence to:	Customer N or Bar Code			56	OR V Co	rrespondence address below
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name	ROBERT P. RENKE ARTZ & ARTZ, P.C.					
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U.S.A. Country		Tele	248-223 phone	-9500		248-223-9522 Fax
are believed to be true; and further the made are punishable by fine or imprison	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST IN	VENTOR :		A petition h	as be	en filed for this un	signed inventor
Given Name (first and middle [if any])	t and the second					WACHTER
Inventor's Signature	- · · · · · · · · · · · · · · · · · · ·					Date
GERMAR Residence: City	RINGEN		State		GERMANY Country	GERMANY Citizenship
AM UNTEREN HAI Mailing Address	AM UNTEREN HANG 1					
GERMARINGE:	٧		State		D-87656 <b>ZIP</b>	GERMANY Country
NAME OF SECOND INVENTO	R:		A petition has	s beer	n filed for this unsi	gned inventor
Given Name (first and middle [if any])	BRU	INO			ly Name Irmame	ZWEIER
Inventor's Signature Date						
ALTENS Residence: City	TADT		State		GERMANY Country	GERMANY Citizenship
MITTERFELDER STRASSE 23 Mailing Address						
ALTENSTADT			State	2	D-89281 ZIP	GERMANY Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box	 T+
	. –

Pto/SB/02A (11-00)

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1\_ of \_1\_

					<del></del>
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any	1)		Family Na	me or S	lumame
Elmar		Sc	hmid		
Inventor's Signature					Date
Germaringen Residence: City	State		Country Germany		Germany Citizenship
Gablonzer Strasse 3			<del></del>		
Mailing Address					
City Germaringen	State		ZIP D-87656	Count	y Germany
Name of Additional Joint Inventor, if any:			A petition has been file	d for thi	is unsigned inventor
Given Name (first and middle [if any	)		Family Name or Sumame		
Jochen	Jochen Balken				
Inventor's Signature					Date
Residence: City Buchenberg	State		Country Germany		Citizenship Germany
Mailing Address Friedensstrasse 16					
Mailing Address					
City Buchenberg	State		ZIP D-87474	Cou	Germany
Name of Additional Joint Inventor, if any:					
Given Name (first and middle [if any])			Family Name or Surname		
Werner Krue			Krude		
Inventor's Signature Date					
Neunkirchen-Seelscheid Residence: City			Germany		Citizenship Germany
Mailing Address Pfarrer-Stauf-Strasse 32					
Mailing Address					
City Neunkirchen-Seelscheid State			D-53819	Co	Germany

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	CHRISTIAN WACHTER, ET AL.
Group Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1160 PUS

Practitioners at Customer Number OR Practitioner(s) named below:    Name						
Practitioners at Customer Number OR  Registration Number Bar Code Label here  Name Registration Number Robert P. Renke 40,783 John A. Artz 25,824 John S. Artz 36,431 Kevin G. Mierzwa 38,049  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name Address Address City State Zip  Country Telephone Fax  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name CHRISTIAN WACHTER  Signature Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby appoint:					
Name   Registration Number   Robert P. Renke   40,783   John A. Artz   25,824   John A. Artz   36,431   Kevin G. Mierzwa   38,049      as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.    Please change the correspondence address for the above-identified application to:	OR		<b>_</b>	Number Bar Code		
Robert P. Renke John A. Artz John S. Artz John S. Artz John S. Artz Kevin G. Mierzwa  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR  Firm or Individual Name Address Address City State Zip  Country Telephone Fax  I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name CHRISTIAN WACHTER  Signature Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Practition	er(s) named below:				
John A. Artz  John S. Artz  John S. Artz  John S. Artz  Sevin G. Mierzwa  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name Address  Address  City  State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  CHRISTIAN WACHTER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		التكاف التحالم التجالب المرافع المرافع إنص المرافع والمرافع والمرافع والمرافع والمرافع والمرافع والمرافع والمرافع		ration Number		
John S. Artz  Kevin G. Mierzwa  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  CHRISTIAN WACHTER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<b></b>					
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The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  ✓ Applicant/Inventor.  ✓ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name CHRISTIAN WACHTER  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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Name Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record					
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